

BYSTANDER BLEEDING CONTROL

London Joint Position Statement, August 2024

This is a health-led London position statement on bystander bleeding control, developed by the NHS London Major Trauma System, London Ambulance Service NHS Trust, the NHS England London Violence Reduction Programme and the GoodSAM response platform.

This statement has been developed in collaboration with a range of partners across London, including the London Violence Reduction Unit; the Mayor's Office for Policing and Crime (MOPAC); Transport for London and the Metropolitan Police. This statement is based on recent evidence syntheses and on clinical consensus.

BACKGROUND

Bleeding can occur after many different types of injury. These include accidental injuries, such as falls or road traffic collisions, knife or gun violence, terrorist events and other major incidents.

If bleeding is severe, rapid blood loss can lead to death within minutes. The actions of bystanders to stop bleeding can be critical in saving lives.

BYSTANDER BLEEDING CONTROL

Bystander bleeding control involves simple, easy to learn manoeuvres, which can be delivered with no special equipment - or minimal equipment which can often be improvised from available materials.

The most important and effective thing a bystander can do is to apply continuous direct pressure to the site of bleeding. If it is safe to do so:

- Use strong manual force to apply a wad of any available material directly onto the bleeding area. A tea towel, face cloth, item of clothing (t-shirt) similar material can be used.
- Call 999. The emergency call handler will provide further directions to assist you.
- Apply pressure continuously until emergency medical services arrive.

GETTING TRAINED

Bleeding control is part of basic first aid and can be taught alongside CPR (cardiopulmonary resuscitation). These life-saving skills can be taught in a matter of minutes, require little or no equipment, and can make a big difference.

We strongly advocate for all people living and working in London are trained in first aid, including bystander bleeding control, and that all school children can learn and become confident in first aid, including bleeding control.

Courses that include bleeding control techniques should follow evidence-based recommendations and focus on the key actions that stop bleeding and improve outcomes.

OTHER INTERVENTIONS

Tourniquets:

Tourniquets can be used when bleeding is coming from an arm or leg and cannot be controlled by direct pressure alone.

Very few civilian injuries need to be managed with a tourniquet.

Do not remove direct wound pressure to try to find or improvise a tourniquet.

When used, tourniquets must be applied tightly enough to completely control bleeding.

Only use a tourniquet if you have been trained in their use and understand how they should be used correctly,

There are several different types of tourniquets available, and they are applied and tightened differently. Ensure you understand how to use the specific tourniquet available before attempting to apply it to a person.

Bleed Control Kits:

The contents of standard first aid kits are sufficient for the majority of bleeding wounds.

Where there is no first aid kit provision, improvisation with simple everyday materials can save a life.

Dedicated bleed control kits are not essential for effective bleeding control.

Where bleed kits are made available, specific training should be given for those who may use them.

Bleed control kits should contain only standard gauze for pressure and an easily applied tourniquet.

Special haemostatic dressings are not recommended for bystander bleeding control.

It's vital that any first aid and lifesaving equipment are easily accessible and are not kept in locked cabinets.

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